

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003452

1. Entity Name

PRESENCE OF GOD MINISTRIES INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91344 034 ****61.25

Principal Place of Business

1747 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Mailing Address

PO BOX 16395
TALLAHASSEE FL 32317-6395
US

2. Principal Place of Business

2012 North Point Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

Tallahassee, Florida

City & State

Zip
32308

Country

Leon

Zip

Country

4. FEI Number

59-3581172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUIE, PIERRE LAMONT
1747 CAPITAL CIRCLE NE 704
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TD
STREET ADDRESS MASON, WAYNE
CITY-ST-ZIP 3000 NW 50TH ST
MIAMI FL 33142

TITLE ☐ Delete
NAME SD
STREET ADDRESS HARRIS, WILLIAM
CITY-ST-ZIP 23 HART TERR
NEW BRITAIN CT 06052

TITLE ☐ Delete
NAME PD
STREET ADDRESS BUIE, PIERRE L
CITY-ST-ZIP 1747 CAPITAL CIRCLE NE #704
TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME VD
STREET ADDRESS TYLER, STEPHEN
CITY-ST-ZIP 833 S PARSONS ST
DELAND FL 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pierre Lamont Buie*

(950) 219-3693

CR2E037 (10/00)